Louisa Loke

From:

Littlejohn, Nathan [LittNa@ncs.com] Tuesday, March 19, 2002 6:56 PM

Sent: To:

Louisa Loke@nafi.com

Subject:

471 Application ID <form identifier: long distance> -PR Case ID # 3289

We are making this contact with you to obtain the necessary information to successfully data enter your Form 471 Services Ordered and Certification Form. Here is the information we need from you so that we may complete data entry of your application for E-Rate Discounts:

Funding Yr: 5

Billed Entity: North American Family Institute

Block 5 Item 15 on pages 1 - 3: Provide the contract number for this service. If there is no reference number for your contract, please enter N/A. If this is a tariffed service, place a T in Item 15. If the service is purchased under a month-to-month arrangement, please enter MTM in Item 15.

Block 5 Item 23 on page 1: The calculations in Columns E, I, and K did not match our system calculations.

Please make these corrections to your form and fax a copy of the corrected pages to my attention at 888-276-8736. If you have any questions, please call me at 888-203-8100 and reference case number 119289.

We need to receive this information from you within 7 calendar days of this communication with you. If we do not receive the requested information from you within this time frame, your Form 471 application will be rejected and returned to you.

Thank you,

Nathan Littlejohn Client Service Bureau/Problem Resolution Schools and Libraries Division

03/22/02 15:58 FAX 19787742262 NAFI/NFI DOWNSTAIRS

Ø 001

************ *** TX REPORT ***************

TRANSMISSION OK

TX/RX NO

CONNECTION TEL

SUBADDRESS

CONNECTION ID ST. TIME

USAGE T PGS. SENT RESULT

4803

18882768736

\$ 03/22 15:56

02'09 5 OK



Facsimile Cover Sheet

To: Nathan Littlejohn

Company: SLD

Phone: 888-203-8100

Fax: 888-276-8736

From: Louisa Loke

Company: NAFI

Phone: 978-774-0774 or 978-774-0775, ext. 192

Fax: 978-774-2262

E-Mail: Louisaloke@nafi.com

Date: 3/22/02

No. of pages

including cover page: 5

Comments:

Re: case #119289



March 22, 2002

Form 471 Application Entity Number 227033 Re: Case #119289 ADMINISTRATIVE OFFICES: 10 Harbor Street
Danvers, MA 01923
Tel: (978) 774-0774
Main Fax: (978) 774-8369
Alternate Fax: (978) 774-2262
TTY: (978) 762-6314

Dear Mr. Littlejohn,

Attached please find a copy of form 471, Block 5. I had made the correction on Block 5, item 15.

Block 5, item 23: Those calculations were done by Excel spreadsheet, and look correct. Would you provide the correct figures and I'll make the changes. Please feel free to contact me if you have any questions.

Sincerely,

Louisa Loke

Entity I	Number:	227033				• •	orm Identifie	r:	long distance		
Contac	ct Person	: Louisa Loke		·		Phone Num	oer:		(978) 774-07	74	
		Discount							Block 5, pag	ge _1	of _3
Make a	is many co	opies of this pag	e as necessary,	and numb	er the completed pa	ages to assure	that they are	all processed corr	ectly. ———	***************************************	J
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12 F	orm 470	Application Nu	mber (15 digits)	6/	81020000377973			lection/Contract	Date (mm/dd/yyy	yy)	12/13/2001
13 5	SPIN - Se	rvice Provider				18 Contrac	Award Date	(mm/dd/yyyy)			
ld	dentificatio	n Number (9 digits	5)		143001192	19a Service	Start Date (mn	n/dd/yyyy)		7/1/20	02
						19b Service	End Date (mm	/dd/yyyy) (use only fo	r "T" or "MTM" se	rvices)	6/30/2003
14 s	ervice Pr	rovider Name		AT&T		20 Contrac	Expiration D	ate (mm/dd/yyyy)			
71	escriptic his Servi	n of ce:		with an At	iption of the service tachment #, and no				osts, plus any i	relevant bra	and names. Label
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23 C	Calculatio						,				
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			4,161.75	12	49,941.04			0	49,941.04	89%	44,447.53

	y Number:	227033 n: Louisa Loke			·	Applicants Form Identifier: long distance Phone Number: (978) 774-0774								
Blo	OCK 5: uctions: Us as many c	Discount	age for EACH se	ervice (Fur and numb	uest(s) Inding Request Number the completed parties assigned by	ber) for which ages to assure	you are reque that they are	sting discounts.	Block 5, pa		,	•		
11	Category	of Service (only O	_ ,	checked)	nternal Connections	15 Contract "MTM" if mon	Number (if ava h-to-month service	iallable; use "T" if tariffed s as described in Instruc ber (e.g., billed telephor	tions)	0000-0	MTM 00002989	690-7		
12		Application Nu	mber (15 digits)	6	81020000377973	17 Allowable Vendor Selection/Contract Date (mm/dd/yyyy) 3 (based on Form 470 filing) 12/13/2001								
,,		n Number (9 digit	s)		143001197	18 Contract Award Date (mm/dd/yyyy) 19a Service Start Date (mm/dd/yyyy) 7/1/2002 19b Service End Date (mm/dd/yyyy) (use only for "T" or "MTM" services) 6/30/2003								
14	Service P	rovider Name		Commun	ications iption of the service	20 Contract	Expiration D	ate (mm/dd/yyyy)				Label		
21	Description This Servi	on of ice:		with an At	tachment #, and no	_			, ,					
22		This Service:	this service		ecific (provided to o		•				om Block 4 r	eceiving		
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	42.70	0	42.70	12	512.39			:	512.39	90%	\$	461.15		

Entity Number:					Applicants Form Identifier: long distance							
Contact Person	n: Louisa Loke				Phone Numb	oer:		(978) 774-07	74			
	e one Block 5 pa	ge for EACH se	rvice (Fund	uest(s) ding Request Numb er the completed pag			ing discounts.	Block 5, pag	ge _3	of _3		
FRN#		Section Page	(tolt	oe assigned b								
11 Category	of Service (only Of	NE category should be	checked)			•	ilable; use "T" if tariffed s as described in instructi			МТМ		
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12 Form 470	Application Nun	nber (15 digits)	6:	81020000377973	17 Allowable Vendor Selection/Contract Date (mm/dd/yyyy) (based on Form 470 filing) 12/13/2001							
13 SPIN - Se	ervice Provider			8102000011310	18 Contract Award Date (mm/dd/yyyy)							
identification	on Number (9 digi	ts)		143001444	19a Service				7/1/20	02		
						19b Service End Date (mm/dd/yyyy) (use only for "T" or "MTM" services) 6/30/2003						
14 Service Pr	rovider Name		Sprint		20 Contract	Expiration D	ate (mm/dd/yyyy)					
21 Description This Servi			an Attachi	iption of the service ment #, and note nu				sts, plus any rel	evant brand	d names. Label this		
22 Entity/Ent Receiving	ities This Service:	this service		pecific (provided to by all entities on a E					e entity fro	m Block 4 receiving		
23 Calculatio					l No-	Decumber	`house	<u> </u>	Total Ch	377.00		
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20.25	0	20.25	12	243			0	243.00	89%	216.27		

Louisa Loke

From:

Littlejohn, Nathan [LittNa@ncs.com] Tuesday, March 19, 2002 11:34 PM

Sent: To:

'Louisa Loke@nafi.com'

Subject:

471 Application ID <form identifier: Wireless> -PR Case ID# case i

We are making this contact with you to obtain the necessary information to successfully data enter your Form 471 Services Ordered and Certification Form. Here is the information we need from you so that we may complete data entry of your application for E-Rate Discounts:

Funding Yr: 5

Billed Entity: North American Family Institute

Block 5 Item 15 on pages 1 - 13: Provide the contract number for this service. If there is no reference number for your contract, please nter N/A. If this is a tariffed service, place a T in Item 15. If the ervice is purchased under a month-to-month arrangement, please enter MTM in tem 15.

Please make these corrections to your form and fax a copy of the corrected pages to my attention at 888-276-8736. If you have any questions, please call me at 888-203-8100 and reference case number 119290.

We need to receive this information from you within 7 calendar days of this communication with you. If we do not receive the requested information from you within this time frame, your Form 471 application will be rejected and returned to you.

Thank you,

Nathan Littlejohn Client Service Bureau/Problem Resolution Schools and Libraries Division TRANSMISSION OK

TX/RX NO

4804

CONNECTION TEL

SUBADDRESS CONNECTION ID

03/22 16:01

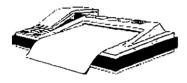
18882768736

ST. TIME USAGE T

07'00 15

PGS. SENT RESULT

OK



Facsimile Cover Sheet

To: Nathan Littlejohn

Company: SLD

Phone: 888-203-8100

Fax: 888-276-8736

From: Louisa Loke

Company: NAFI

Phone: 978-774-0774 or 978-774-0775, ext. 192

Fax: 978-774-2262

E-Mail: Louisaloke@nafi.com

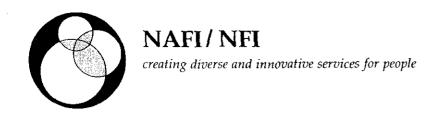
Date: 3/22/02

No. of pages

including cover page: 15

Comments:

Re: case #119290



March 22, 2002

Form 471 Application Entity Number 227033 Re: Case #119290 ADMINISTRATIVE OFFICES: 10 Harbor Street Danvers, MA 01923 Tel: (978) 774-0774 Main Fax: (978) 774-8369 Alternate Fax: (978) 774-2262

TTY: (978) 762-6314 Web Site: http://nafi.com

Dear Mr. Littlejohn,

Attached please find a copy of form 471, Block 5. I had made the correction on Block 5, item 15. Please feel free to contact me if you have any questions.

Sincerely,

Louisa Loke

	y Number: act Person	227033 : Louisa Loke					cants Fo e Numb	orm Identifie: er:	r:	Wireless (978) 774-07	978) 774-0774			
Instr	uctions: Us as many c		age for EACH se	ervice (Fun and numb	uest(s) ding Request Numl er the completed pa	ages to	assure	that they are	sting discounts.	Block 5, pag	ge _1	of _13	<u></u>	
11	Category	of Service (only O nunications Service		checked)	\$	15 C "M1	ontract TM" if month	Number (if avan-to-month services	ilable, use "T" if tariffed s as described in Instruc Der (e.g., billed telephor	tions)	540-	MTM 010-6853	-609	
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13		rvice Provider n Number (9 digit:	s)		143001440	19a S	Service S	Award Date (Start Date (mm		r "T" or "MTM" se	7/1/20	02 6/30/200	3	
14	Service Pr	rovider Name		Alltel					ate (mm/dd/yyyy)		····			
21	Description This Servi	on of ice:		with an At	ption of the service tachment #, and no					osts, plus any r	relevant bra	ind names	. Label	
22	Entity/Ent Receiving	This Service:	this service :		ecific (provided to c by all entities on a l			·	·		ne entity fro	m Block 4	receiving	
23	Calculatio		ecurring Char	nec		<u> </u>	Non-	Recurring C	harges		Total Cha	arges		
-	A	В	C C	D	E		F	G	H	I	J		К	
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	1508.21	0	1508.21	12	18098.52					18098.52	89%	\$ 1	6,107.68	

_		227033 n: Louisa Loke				Applicants Form Identifier: Wireless Phone Number: (978) 774-0774							
ontaci	reisor	i. Louisa Loke				FIIOHE	a mumb	·СI.		(310) 114-01	<i>i</i> +		
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13 S	PIN - Se	rvice Provider				18 Co	ontract	Award Date (mm/dd/yyyy)				
lde	entificatio	n Number (9 digit:	s)		143018525	19a S	ervice S	Start Date (mm	n/dd/yyyy)		7/1/20	02	
						19b Se	ervice E	nd Date (mm/	ervices)	6/30/2003			
14 Se	ervice P	rovider Name	4	Arch Wire	less	20 Cd	ontract	Expiration D	ate (mm/dd/yyyy)				
71	escriptio nis Servi	on of ice:		with an At	iption of the service tachment #, and no					osts, plus any i	relevant bra	ind names. Lab	el
	ntity/Ent ecelving	This Service:	this service :	:	ecific (provided to o			·	,	•	·	m Block 4 rece	⊭i∨ing
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	charges	B How much of the \$	C Eligible monthly	D # of	E Annual pre-discount \$		F al non-	G How much of	H Annual eligible pre-	I Total program	J % discount	K Funding Commitm	ment ¢
(total am	- 1	amount in (A) is ineligible?	pre-discount amount (A minus B)	# of months service provided in program year	amount for eligible recurring charges (C x D)	recurrin	ng (one-	the \$ amount in	• .	year pre-discount	% discount (from Block 4 Worksheet)	Request (IxJ)	nent \$
			714.08	12	8569				· o	8569	89%	\$ 7,62	6.41

Entity Number: Contact Persor					Applicants For Phone Number			Wireless (978) 774-07	74			
Block 5:	Discount	ge for EACH ser	vice (Fund	uest(s) ling Request Numbor r the completed pag	er) for which yo	ou are requestinat they are all	ng discounts. processed correc	Block 5, pag	ge _3	of_13		
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11 Category	of Service (only Of	NE category should be	checked)		15 Contract "MTM" if monti	Number (if ava	ilable; use "T" if tariffed s as described in Instructi	ons)		мтм		
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12 Form 470	Application Nun	nber (15 digits)	68	31020000377973	1		ection/Contract D	Date (mm/dd/yyyy)	12/13/2001		
13 SPIN - Se	rvice Provider				18 Contract	Award Date (mm/dd/yyyy)					
Identificatio	on Number (9 digit	ts)		143024165	19a Service Start Date (mm/dd/yyyy) 7/1/2002							
					19b Service E	nd Date (mm/	'dd/yyyy) (use only fo	or "T" or "MTM" s	ervices)	6/30/2003		
14 Service Pr	ovider Name	A	T&T Wire	less	20 Contract	Expiration D	ate (mm/dd/yyyy)					
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22 Entity/Ent Receiving	ities This Service:	this service		pecific (provided to by all entities on a E					e entity from	m Block 4 receiving		
23 Calculatio					l Non	Recurring C	harase	I	Total Ch	arnae		
Α	В	ecurring Char	ges D	E	F	G	H	I	J	K K		
Monthly \$ charges (total amount per month for service)	How much of the \$ amount in (A) is ineligible?		# of months service provided in program year	Annual pre-discount \$ amount for eligible recurring charges (C x D)	Annual non- recurring (one-	How much of the \$ amount in	Annual eligible pre- discount \$ amount for one-time charges (F minus G)	Total program year pre-discount \$ amount (E + H)	% discount (from Block 4 Worksheet)	Funding Commitment \$ Request (IxJ)		
241.17	0	241.17	12	2894			0	2,894.00	89%	2,575.66		

Vendor Code Number 237-378-470-000-1

COMMONWEALTH OF MASSACHUSETTS DEPARTMENT OF EDUCATION NUTRITION PROGRAMS AND SERVICES 350 MAIN STREET, MALDEN, MA 02148

DATE: 08/16/01 PAGE: 2

Agreement Number

RESIDENTIAL CHILD CARE INSTITUTION 2002 PROGRAM APPLICATION FOR BREAKFAST - LUNCH - COMMODITY DISTRIBUTION

05-071-I32R

6 NAME AND ADDRESS OF FEEDING SITE	7 SITE NBR	8 ENROLL MENT	SCHOOL TYPE PS EL MD SC	10 PROGRAM BRK LUN	TYPE OF SERVICE OSP BAS CKT REC	TYPE OF MEAL IN RECEIVING SCHOOL BK PP CM VPB VPL	13 FSMC CONT RACT	14 OPEN JUL/ AUG.
NORTH CROSSING 47 PARK ST NEWTON, MA 02158	005	9	Y	Y Y	Y		NO	вотн
CHAUNCY HALL LYMAN STREET WESTBORO, MA	007	22	Y Y	Y Y	У		МО	вотн
DIVERSION 230 LIBERTY STREET HAVERHILL, MA 01830	008	18		Y Y	Y		NO	вотн
NFI CENTER (HAYDEN) 21 QUEEN STREET DORCHESTER, MA 02122	010	85	УУ	Y Y	Y		МО	вотн
						;		
The abbreviations within the represent the following value	 column	======= 1S	 	BRKFAST	ON-SITE PREP	BULK	====	====
represent the following value	es:		PRE-SCHOOL ELEMENTARY MIDDLE SECONDARY	LUNCH	BASE CENTRAL KITCHEN RECEIVING	PRE-PLATE COLD MEALS VENDOR PURCH BRK VENDOR PURCH LUN		
				:========		=======================================	=====	====



MASSACHUSETTS DEPARTMENT OF EDUCATION NUTRITION PROGRAMS & SERVICES

NATIONAL SCHOOL LUNCH (NSL) AFTER SCHOOL SNACK PROGRAM ADDENDUM

I certify that the provisions for the National School Lunch After School Snack Program are implemented as follows:

- Administered by a school that is eligible to operate NSLP. Another organization such as a YMCA or Boys/Girls Club may operate it.
- Provide children with regularly scheduled activities, including education or enrichment activities in
 an organized structured and supervised environment. Extracurricular activities are only eligible if
 their basic purpose is to provide after school care. Under no circumstances can organized athletic
 programs engaged in interscholastic sports be approved for an after school snack.
- Claim reimbursement for one snack per child, per day, through age 18, and if a student's nineteenth birthday occurs during the school year, reimbursement may be claimed for snacks served to that student during the remainder of the school year.
- Claim snack reimbursement at the "free" rate for "At Risk" after school programs situated in "area eligible" locations where 50% of the children are eligible for free or reduced price meals.
- Claim snack reimbursement by type (free, reduced price and paid) for sites in locations not meeting the "area eligible" criteria and maintain documentation of eligibility for meals served free or at a reduced price.
- Charge no more than \$.15 for reduced price snacks.
- Comply with the meal pattern requirement established for snacks.
- Document individual children's daily attendance in the after school program.

Document daily snack counts.

Signature of Authorized Representative

Please Print Signature

Data

Northeastern Family land of Sponsoring Organization

Address

Talankana#

Agreement Number

Menu Planning Option School Year 2001-2002

Each School Food Authority must choose a menu planning option. Please indicate which menu planning option your school will be using for the 2001-2002 school year and return this form along with your program renewal form to:

Nutrition Programs and Services
Massachusetts Department of Education
350 Main Street
Malden, MA 02148

School Name NFI

_____Agreement # <u>05-071-T327</u>

<u>X</u> <u>Traditional Food-Based Menu Planning</u>: requires specific food group components in specific amounts for specific age/grade groups. This approach uses meal patterns that were designed to provide over time:

- 1/3 of the Recommended Dietary Allowances (RDA) for key nutrients for specific age/grade groups for lunch
- ¼ of the RDA for key nutrients for specific age/grade groups for breakfast. The meal plans do not have any *built-in* features that will help you serve meals that comply with these guidelines. You will need to give extra thought to planning meals that meet the nutrition goals including target calorie levels while reducing fat.

Enhanced Food-Based Menu Planning: requires specific food group components in specific amounts using different established age/grade groups than the traditional food-based plan. And, there are increased servings of Vegetables/Fruits and Grains/Breads. This approach uses meal patterns designed to:

- provide 1/3 of the RDA for key nutrients as well as 1/3 of calorie needs for specific age/grade groups for lunch
- provide ¼ of the RDA for key nutrients as well as ¼ of calorie needs for specific age /grade groups for breakfast
- help ensure consistency with the Dietary Guidelines

<u>Nutrient Standard Menu Planning (NSMP)</u>: this approach requires a nutritional analysis of foods used in school meals. Schools must use USDA-approved computer software. When averaged over a school week, the **menu nutrient analysis** must:

- provide 1/3 of RDA for specific nutrients as well as 1/3 of calorie needs for each age or grade group for lunch
- provide ¼ of the RDA for specific nutrients as well as ¼ of calorie needs for each age or grade group for breakfast
- meet certain standards which help ensure that meals are consistent with the Dietary Guidelines for Americans

<u>Assisted NSMP</u>: exactly like NSMP *except* an outside consultant or other agency performs all of the functions of menu planning and nutrient analysis.



The Commonwealth of Massachusetts Department of Education

350 Main Street, Malden, Massachusetts 02148-5023

Telephone: (781) 338-3000 TTY: N.E.T. Relay 1-800-439-2370

David P. Driscoll Commissioner of Education

MEMORANDUM

TO:	Bill Frankenstein, Northeastern Family Institute
FROM:	Kathleen C. Millett
DATE:	November 21, 2001
RE:	Food Service Program - FY02
The following	g adjustments have been made to your program as requested:
x_Addit	tion/Termination of Sites
Chang	ge in approved Meal Pattern/Types
Chang	e in Operational Dates/Times
Other	
	Opportunity Program has been added to your agreement as per your request. Please te number when filing for claims for reimbersement.
Positive	Opportunity Program # I32R-002
Thank you.	

Vendor Code Number 237-378-470-000-1

COMMONWEALTH OF MASSACHUSETTS DEPARTMENT OF EDUCATION NUTRITION PROGRAMS AND SERVICES 350 MAIN STREET, MALDEN, MA 02148

DATE: 11/21/01 PAGE: 1

Agreement Number

RESIDENTIAL CHILD CARE INSTITUTION 05-071-I32R 2002 PROGRAM APPLICATION FOR BREAKFAST - LUNCH - COMMODITY DISTRIBUTION

1. Name and address of Sponsor | 2. DAYS OPEN PER WEEK | 4. LICENSED BY | 5. ENROLLMENT NORTHEASTERN FAMILY INSTITUTE | 7 | DMH OCCS | Resi-10 HARBOR STREET
DANVERS, MA 01923

3. TOTAL FEEDING SITES dential: 200 TOTAL FEEDING SITES

8 Please enclose a copy of Day: 0 the most current license. Total: 200 12 13 14 TYPE OF MEAL IN FSMC CONT COSP BAS CKT REC BK PP CM VPB VPL RACT NAME AND ADDRESS SITE ENROLL SCHOOL TYPE PROGRAM OF FEEDING SITE NBR MENT PS EL MD SC BRK LUN FÂMC OPÊN CONT JUL RACT AUG. SHELTER CARE 001 25 40 GREGORY ST MIDDLETON, MA 01949 BOTH POSITIVE OPPORTUNITY PROGRAM 002 16 NO BOTH POSITIVE OFFORTONIE 94-96 HIGHLAND AVENUE ALLIANCE HOUSE 003 15 Y Y Y Y STONEHAM, MA 02180 NO BOTH The abbreviations within the columns represent the following values:

| PRE-SCHOOL | BRKFAST | CENTRAL KITCHEN | RECEIVING | PRE-PLATE | COLD MEALS | VENDOR PURCH BRK | VENDOR PURCH BR The abbreviations within the columns represent the following values:

| PRE-SCHOOL | BRKFAST | ON-SITE PREP | BULK | PRE-PLATE | COLD MEALS | VENDOR PURCH BRK | VENDOR PURCH LUN | ELEMENTARY | MIDDLE | SECONDARY | SECONDAR 15. Original signature, printed name, and title of authorized representative: I certify that the individual named above is duly designated as Authorized Representative empowered to sign "Claims for Reimbursement" in connection with the National School Lunch, School Breakfast, Commodity School and Commodity Distribution Programs. I further certify that the information on this application is true and correct to the best of my knowledge. All listed feeding sites will operate in accordance with our present Agreement including all amendments to Federal and State regulations governing the Child Nutrition Programs for the period July 1, 2001 through June 30, 2002. 16. Original signature, printed name, and date of superintendent/executive director/administrator: 17. Contact person for claim reimbursement questions: BILL FRANKENSTEIN Phone Nbr: 978-774-0775 E-Mail: _____ Office Address: Telephone: Fax:

Vendor Code Number 237-378-470-000-1

COMMONWEALTH OF MASSACHUSETTS DEPARTMENT OF EDUCATION NUTRITION PROGRAMS AND SERVICES 350 MAIN STREET, MALDEN, MA 02148

DATE: 11/21/01 PAGE: 2

Agreement Number

05-071-I32R

RESIDENTIAL CHILD CARE INSTITUTION 2002 PROGRAM APPLICATION FOR BREAKFAST - LUNCH - COMMODITY DISTRIBUTION

	BR	EAKFAST	r - LUNCH -	_CO	MMODITY	DISTRIBUTION			
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NORTH CROSSING 47 PARK ST NEWTON, MA 02158	005	9		Y	Y Y	Y		NO	вотн
CHAUNCY HALL LYMAN STREET WESTBORO, MA	007	22	Y	Y	Y Y	Y		NO	вотн
DIVERSION 230 LIBERTY STREET HAVERHILL, MA 01830	008	18			Y Y	Y		NO	вотн
NFI CENTER (HAYDEN) 21 QUEEN STREET DORCHESTER, MA 02122	010	85	Y	Y	Y Y	Y		ио	вотн
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TX/RX NO

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CONNECTION TEL

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SUBADDRESS CONNECTION ID

ST. TIME

07/31 15:47

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RESULT

OK



Facsimile Cover Sheet

To: Rina Patel

Company: Program Integrity Assurance Associate, SLD

Phone: 973-884-8359

Fax: 973-599-6522

From: Louisa Loke

Company: NAFI

Phone: 978-774-0774 or 978-774-0775, ext. 192

Fax: 978-774-2262

E-Mail: Louisaloke@nafi.com

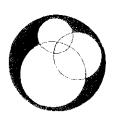
Date: 7/31/02

No. of pages

including cover page:

Comments:

Discount information for Contoocook School



NORTH AMERICAN FAMILY INSTITUTE, Inc.

creating diverse and innovative services for people

July 31, 2002

Rina Patel Program Integrity Assurance Associate Schools and Libraries Diversion ADMINISTRATIVE OFFICES: 10 Harbor Street
Danvers, MA 01923
Tel: (978) 774-0774
Fax: (978) 774-8369
1st Floor Fax: (978) 774-2262
TTY: (978) 762-6314
Web Site: http://nafi.com

Re: E-rate Application – Discount Information for Contoocook School

Dear Ms. Patel,

Attached please find a completed sample survey form for the free and reduced lunch program.

Total enrollment: 20

Number of surveys sent out: 20 Number of responses received: 6 Number of eligible students: 6

The surveys are kept on file at Contoocook School, in Contoocook, NH

If you have any questions, please feel free to contact me.

Sincerely,

Dan Nakamoto

Executive Director of Administrative Services

North American Family Institute

Phone: 978-774-0774 Fax: 978-774-8369

Dalle

E-mail: dannakamoto@nafi.com

PART 1 - All children for whorn Application is being made:

Ø 003

ATTACHMENT

APPLICATION FOR FREE AND REDUCED PRICE MEALS, SNACKS, OR FREE MILK

To apply for free and reduced price meets, after echool snacks of tree mix for your child(ren) complete this form, sign and return it to the school, All information is field confidential in accordance with federal regulations.

·		4			CHOCK # AP			1 TAIM A
Children's Name:	Grade	Echool N	മന്നര	Nomeles: Child	Föster Child	Food Stamp	TANE	TANF Case No. or Faster Child's Invarie
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an circumstance	7	<u> </u>	1			_		
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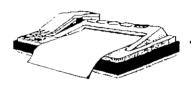
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RESULT

OK



Facsimile Cover Sheet

To: Rina Patel

Company: Program Integrity Assurance Associate, SLD

Phone: 973-884-8359

Fax: 973-599-6522

From: Louisa Loke

Company: NAFI

Phone: 978-774-0774 or 978-774-0775, ext. 192

Fax: 978-774-2262

E-Mail: Louisaloke@nafi.com

Date: 7/31/02

No. of pages

including cover page:

12

Comments:

Re: Discount Information for Dodge Parialge Crossing,



July 31, 2002

Rina Patel Program Integrity Assurance Associate Schools and Libraries Diversion ADMINISTRATIVE OFFICES. 10 Harbor Street
Danvers, MA 01923
Tel: (978) 774-0774
Fax: (978) 774-8369
1st Floor Fax: (978) 774-2262
TFY: (978) 762-6314
Web Site: http://nafi.com

Re: E-rate Application - Discount Information for Dodge/Bridge Crossing, Sidney School, and Buxton School

Dear Ms. Patel,

All students at Dodge/Bridge Crossing, Sidney School, and Buxton School are in state custody. They automatically qualified as Residential Child Care Institutions (RCCI).

Attached please find the document from Maine Department of Education that indicated Dodge/Bridge Crossing. Sidney School, and Buxton School are eligible for breakfast and lunch program. There are a total of 16 enrollments at Dodge/Bridge Crossing. 8 enrollments at Sidney School, and 8 enrollments at Buxton School. The document is kept on file at Contoocook office in Contoocook. NH.

If you have any questions, please feel free to contact me.

Sincerely.

Dan Nakamoto

Executive Director of Administrative Services

North American Family Institute

Phone: 978-774-0774 Fax: 978-774-8369

E Mil

E-mail: dannakamoto@nafi.com

of Education SFSR System

Review Application Form

Page 1 of 2

Production System

Maine Department of Education

School Food Service Reimbursement (SFSR)

View Application Form for District: Bangor Independent Living

Fiscal Year: 2002
Application Comments:

BREAKFAST CHARGES

ADULTS

FULL PRICE
ELEMENTARY

SECONDARY

PRICE

\$.00

\$.00

\$.00

\$.00

LUNCH CHARGES

ADULTS

FULL PRICE FULL PRICE REDUCED PRICE

\$.00 \$.00 \$.00 \$.00 \$.00

MILK CHARGES

Children: \$.00 Charge by dealer: \$.0000

AFTER SCHOOL PROGRAM CHARGES (ASP)

FULL PRICE

REDUCED PRICE

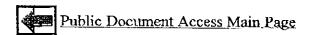
APPROVAL

Legal Agent Approval Date: 08/07/2001

Last Updated By: Ferriter, Maureen

List of Schools for District: Bangor Independent Living

Eligible Eligible for Milk Pre K After for Breakfast Lunch School Severe ASP At Program Program Program Program Only Menu Type Need Breakfast **Bangor Independent Living** Yes Yes Yes Yes No No No Assisted No



SFSR System

Review Application Form

Page 1 of 2

Production System

Maine Department of Education

School Food Service Reimbursement (SFSR)

View Application Form for District: Bridge Crossing

Fiscal Year: 2002
Application Comments:

BREAKFAST CHARGES

ADULTS	FULL PRICE ELEMENTARY	FULL PRICE SECONDARY	REDUCED PRICE
\$.00	\$.00	\$.00	\$.00
	LUNCH	CHARGES	
ADULTS	FULL PRICE ELEMENTARY	FULL PRICE SECONDARY	REDUCED PRICE
\$.00	\$.00	\$.00	\$.00

MILK CHARGES

Children: \$.00

Charge by dealer: \$.0000

AFTER SCHOOL PROGRAM CHARGES (ASP)

FULL PRICE

REDUCED PRICE

APPROVAL

Legal Agent Approval Date: 11/05/2001

Last Updated By: Muldoon, Joan

List of Schools for District: Bridge Crossing

School	ior	Eligible for ASP At Risk	Breakfast Program	Lunch Program	Milk Only Program	Pre K Milk Program	After School Program	Мепа Туре	Тур
Bridge Crossing	Yes	Yes	Yes	Yes	No	No	No	Assisted Nu Menu	Prc



Review Application Form

Page 1 of 2

Production System

Maine Department of Education

School Food Service Reimbursement (SFSR)

View Application Form for District: Buxton Secure Program

Fiscal Year: 2003 **Application Comments:**

BREAKFAST CHARGES

ADULTS	FULL PRICE	FULL PRICE	REDUCED
	ELEMENTARY	SECONDARY	PRICE
\$.00	\$.00	\$.00	\$.00

LUNCH CHARGES

ADULTS	FULL PRICE	FULL PRICE	REDUCED
	ELEMENTARY	SECONDARY	PRICE
\$.00	\$.00	\$.00	\$.00

CHARGES MILK

Children: \$.00 Charge by dealer: \$.0000

AFTER SCHOOL PROGRAM CHARGES (ASP)

FULL PRICE

REDUCED PRICE

\$.00

\$.00

APPROVAL

Legal Agent Approval Date:

Last Updated By: korber, michelle

List of Schools for District: Buxton Secure Program

School	Eligible for Severe Need Breakfast	Eligible for ASP At Risk	Breakfast Program	Lunch Program	Milk Only Program	Pre K Milk Program	After School Program	Мепи Туре
Buxton Secure Program	?	?	Yes	Yes	No	No	No	Assisted Nu M
Call DOE AND have them								
fill out an Annual School								
Data Form								

Review Application Form

Page 1 of 2

Production System

Maine Department of Education

School Food Service Reimbursement (SFSR)

View Application Form for District: Dirigo Place

2002 Fiscal Year: **Application Comments:**

BREAKFAST CHARGES

ADULTS	FULL PRICE ELEMENTARY	FULL PRICE SECONDARY	REDUCED PRICE
\$.00	\$.00	\$.00	\$.00
	LUNCH	CHARGES	
ADULTS	FULL PRICE ELEMENTARY	FULL PRICE SECONDARY	REDUCED PRICE
\$.00	\$.00	\$.00	\$.00

CHARGES MILK

Children: \$.00 Charge by dealer: \$.0000

PROGRAM CHARGES (ASP) SCHOOL AFTER

FULL PRICE

REDUCED PRICE

APPROVAL

Legal Agent Approval Date: 08/07/2001

Last Updated By: Williamson, Shannon

List of Schools for District: Dirigo Place

School	ior	Eligible for ASP At Risk	Breakfast	Lunch Program	Milk Only Program	Pre K Milk Program	After School Program	Мепи Туре	Type of :
Dirigo Place	Yes	Yes	Yes	Yes	No	No	No	Assisted Nu Menu	Produc



Page 1 of 2

Production System

Maine Department of Education

School Food Service Reimbursement (SFSR)

View Application Form for District: Dodge House

2002 Fiscal Year: **Application Comments:**

BREAKFAST CHARGES

ADULTS	FULL PRICE ELEMENTARY	FULL PRICE SECONDARY	REDUCED PRICE
\$.00	\$.00	\$.00	\$.00
	LUNCH	CHARGES	
ADULTS	FULL PRICE ELEMENTARY	FULL PRICE SECONDARY	REDUCED PRICE
\$.00	\$.00	\$.00	\$.00

MILK CHARGES

Children: \$.00

Charge by dealer: \$.0000

PROGRAM CHARGES (ASP) AFTER SCHOOL

FULL PRICE

REDUCED PRICE

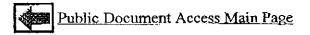
APPROVAL

Legal Agent Approval Date: 08/07/2001

Last Updated By: Muldoon, Joan

List of Schools for District: Dodge House

School	ior	ASP At	Breakfast Program	Lunch Program	Milk Only Program	Pre K Milk Program	After School Program	Мени Туре	Type of
Dodge House	Yes	Yes	No	Yes	No	No	No	Assisted Nu Menu	Produ



Maine Department of Education

SFSR System

Review Application Form

Page 1 of 2

Production System

Maine Department of Education

School Food Service Reimbursement (SFSR)

View Application Form for District: Stetson Ranch

2002 Fiscal Year: **Application Comments:**

BREAKFAST CHARGES

ADULTS	FULL PRICE	FULL PRICE	REDUCED
	ELEMENTARY	SECONDARY	PRICE
\$.00	\$.00	\$.00	\$.00

LUNCH CHARGES

ADULTS	FULL PRICE	FULL PRICE	REDUÇED
	ELEMENTARY	SECONDARY	PRICE
\$.00	\$.00	\$.00	\$.00

CHARGES MILK

Children: \$.00 Charge by dealer: \$.0000

AFTER SCHOOL PROGRAM CHARGES (ASP)

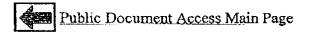
REDUCED **FULL PRICE** PRICE \$.00 \$.00

APPROVAL

Legal Agent Approval Date: 08/07/2001 Last Updated By: WESCOTT, MICHELLE

List of Schools for District: Stetson Ranch

School	TOP	ASP At	Breakfast Program	Lunch Program	Milk Only Program	Pre K Milk Program	After School Program	Мени Туре	Туре
Stetson Ranch	Yes	No	Yes	Yes	No	No	No	Assisted Nu Menu	Prodi



Maine Department of Education - SFSR System - Public Document Access

Page 1 of 1

Production System

Maine Department of Education

School Food Service Reimbursement (SFSR)

View Application Form

District Name: Sidney Riverbend

District Number: 725

District, Sidney Riverbend, Application Form For 2003 NOT FOUND!

Public Document Access Main Page
School Food Service Main Page
SFS-R Navigation Map - System
SFS-FD Navigation Map - System



Questions or Comments about our Web site?

· Please contact the DOE Webmaster



- You can contact DOE directly by phoning our receptionist at (207) 624-6842
- If you prefer regular mail, our address is:

 Maine Department of Education, 23 State House Station, Augusta, Maine 04333

Please report any technical problems to the SFS Administrator at (207) 624-6877.

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